

CLAIMS ONLY						Application Number <i>101799193</i>	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
	1	/					51			
	2	/					52			
	3	/					53			
	4	/					54			
	5	/					55			
	6	/					56			
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	41						91			
	42						92			
	43						93			
	44						94			
	45						95			
	46						96			
	47						97			
	48						98			
	49						99			
50						100				
Total Indep	<i>4</i>					Total Indep				
Total Depend	<i>10</i>					Total Depend				
Total Claims	<i>17</i>					Total Claims				